



Diabetes

Dateline

National Diabetes Information Clearinghouse

Winter 2011

School-based Intervention Lowers Obesity Rate in Children at Risk for Diabetes

Researchers recently announced results from the HEALTHY clinical trial, led by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The 3-year study, conducted in middle schools with a high enrollment of minority youth from low-income families, found that a school-based intervention could lower the obesity rate in students at highest risk for type 2 diabetes—those who started out overweight or obese in sixth grade. However, schools that implemented the intervention did not differ from comparison schools in the study's primary outcome—the prevalence of overweight and obesity combined.

Type 2 diabetes is an emerging health problem in youth, particularly minority youth, being driven by the obesity epidemic. The HEALTHY study's results were published in the July 29, 2010, issue of *The New England Journal of Medicine*.

The intervention included changes in school food services; longer, more intense periods of physical education; and classroom activities to promote behavior change. Conducted from the beginning of the sixth grade to the end of the eighth, the study involved 4,600 students attending 42 middle schools in seven areas of the United States. Half of the schools implemented the program, and the other half served as comparison schools.

When students were first evaluated in sixth grade, about half were overweight or obese. Many had other risk factors for type 2 diabetes, such as a first-degree relative with diabetes, large waist size, and elevated blood glucose and insulin levels. By the end of the study, the number of



overweight and obese students had declined by 4 percent in both comparison and program schools. One possible explanation for this result is that comparison schools may have independently implemented healthful changes to the

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NIDDK
NATIONAL INSTITUTE OF
DIABETES AND DIGESTIVE
AND KIDNEY DISEASES

"The study shows that a school-based program can help lower obesity and certain risk factors for type 2 diabetes in youth at high risk for the disease."

Griffin P. Rodgers, M.D., M.A.C.P.
Director, NIDDK

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school environment because of increased awareness about the problem of childhood obesity fostered by the study.

Program schools outperformed comparison schools in several areas. Among children in the study who started out overweight or obese in the sixth grade, children in program schools had 21 percent lower odds of being obese at the end of the study than similar students in comparison schools, a statistically significant difference. The percentage of children with waist size above the 90th percentile was lower in program schools than in comparison schools. Insulin levels were also lower in program schools. High insulin levels or a large waist increase the risk of

developing type 2 diabetes, independent of body weight. High insulin levels reflect insulin resistance, the first step on the path to type 2 diabetes.

"The study shows that a school-based program can help lower obesity and certain risk factors for type 2 diabetes in youth at high risk for the disease," said Griffin P. Rodgers, M.D., M.A.C.P., director of the NIDDK.

Visit the HEALTHY study's website, www.healthystudy.org, and www2.niddk.nih.gov/Research/ClinicalResearch/HEALTHY/QandA for additional information about the study.

The NIDDK has easy-to-read booklets and fact sheets about diabetes. For more information or to obtain copies, visit www.diabetes.niddk.nih.gov. ■

Would you like to know more about NIDDK-supported research?

The National Institutes of Health (NIH) provides access to a variety of reporting tools, reports, data, and analyses of NIH research activities at the Research Portfolio Online Reporting Tools (RePORT) website, www.projectreporter.nih.gov/reporter.cfm. One of the tools available is RePORT Expenditures and Results (RePORTER), which allows users to search a repository of NIH-funded research projects and access and download publications and patents resulting from NIH funding. ■

Diabetes Dateline

Diabetes Dateline, an email newsletter, is sent to subscribers by the National Diabetes Information Clearinghouse (NDIC). The newsletter features news about diabetes, special events, patient and professional meetings, and new publications available from the NDIC and other organizations.

You can read or download a PDF version or subscribe to the newsletter at www.diabetes.niddk.nih.gov/about/newsletter.htm.



Executive Editor: Judith Fradkin, M.D.

Dr. Fradkin is the director of the Division of Diabetes, Endocrinology, and Metabolic Diseases for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health in Bethesda, MD. Dr. Fradkin earned her M.D. from the University of California at San Francisco and completed an internship and residency at Harvard's Beth Israel Hospital in Boston. Dr. Fradkin came to the NIDDK as a clinical associate in 1979 after an endocrinology fellowship at Yale University. She has overseen NIDDK-supported research in various roles, directing the Institute's research programs in diabetes, cystic fibrosis, endocrinology, and metabolic diseases. A practicing endocrinologist, Dr. Fradkin continues to treat patients at the National Naval Medical Center in Bethesda, where she worked as a staff endocrinologist in the early 1980s.



Look AHEAD Study Shows Lifestyle Change Improves Risk Factors in People with Type 2 Diabetes

"This important study shows that lifestyle changes have long-term favorable effects on diabetes control and cardiovascular disease risk factors in overweight or obese individuals with type 2 diabetes."

Griffin P. Rodgers, M.D., M.A.C.P.
Director, NIDDK

An intensive lifestyle intervention program improves diabetes control and cardiovascular disease (CVD) risk factors in overweight and obese people with type 2 diabetes, according to results of the Look AHEAD (Action for Health in Diabetes) study. Four-year results of the study were published in the September 27, 2010, issue of the *Archives of Internal Medicine*.

The Look AHEAD study is a multicenter, randomized clinical trial that ultimately will evaluate the effect of reduced caloric intake and increased physical activity on the incidence of major cardiovascular events such as heart attack, stroke, and CVD-related death. The study's primary sponsor is the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health.

More than 5,000 participants at 16 study centers across the United States were randomly assigned to one of two interventions—an intensive lifestyle intervention or a diabetes support and education program. The intensive lifestyle intervention was designed to help participants lose about 7 percent of their body weight and maintain this weight loss over time.

Those in the intensive lifestyle intervention group met regularly with a lifestyle counselor in both group and individual sessions. They were given specific caloric consumption and exercise goals, were encouraged to maintain a diet and exercise diary, and were taught behavioral skills such as problem solving and goal setting. After the first year, participants met individually with a lifestyle counselor at least once per month, were contacted by phone or email at least once per month, and were invited to attend additional group classes. Those in the diabetes support and

education group were invited to several group sessions each year that focused on diet, physical activity, or social support.

Lifestyle Intervention Group Achieves Greater Weight Loss

Over the first 4 years of Look AHEAD, participants in both groups showed positive changes in their health. On average, across all 4 years, participants in the intensive lifestyle intervention group lost significantly more weight than participants in the diabetes support and education group. Members of the lifestyle group lost 6.2 percent of their initial body weight on average, and members of the support and education group lost 0.9 percent of their initial body weight.

The intensive intervention group also experienced greater improvements in fitness and in their levels of blood glucose, blood pressure, HDL cholesterol, and triglycerides. The diabetes support group showed larger reductions in LDL cholesterol, a change associated with the increased use of cholesterol-lowering medications in this group.

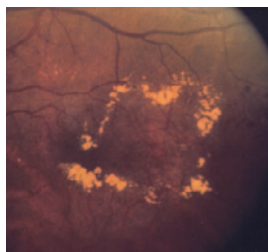
"This important study shows that lifestyle changes have long-term favorable effects on



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Findings from Two Studies on Diabetic Eye Disease Treatment Released

ACCORD Eye Study Finds Two Therapies May Slow Progression of Diabetic Eye Disease



A photo of an eye with diabetic macular edema. Photo courtesy of the National Eye Institute, National Institutes of Health.

"This comparative-effectiveness study demonstrated that a new treatment can protect and, in many cases, improve the vision of people with diabetic macular edema."

Paul A. Sieving, M.D., Ph.D.
Director, NEI

A clinical trial of people with type 2 diabetes showed that intensively controlling blood glucose to near-normal levels reduced progression of diabetic retinopathy, the leading cause of vision loss in working-age Americans.

Adding a fibrate drug to statin therapy for control of blood lipids also reduced disease progression. These results come from the Action to Control Cardiovascular Risk in Diabetes (ACCORD) Eye Study, a subgroup study of the ACCORD clinical trial supported by the National Eye Institute (NEI). The National Heart, Lung, and Blood Institute is the primary sponsor of ACCORD.

ACCORD compared the effect of intensive control of blood glucose, blood pressure, and blood lipids with standard, less-intensive treatments on the risk of major cardiovascular disease events in more than 10,000 adults with established type 2 diabetes. While the earlier ACCORD finding of increased mortality risk outweighed the benefits of near-normal control in the group studied, the ACCORD Eye Study and other recent ACCORD findings suggest there may be benefits to controlling blood glucose to targets lower than currently recommended in patients in whom such control can be achieved safely—for example, in people recently diagnosed with diabetes.

"The ACCORD Eye Study clearly indicates that intensive glycemic control and fibrate treatment added to statin therapy separately reduce the progression of diabetic retinopathy," said Emily Chew, M.D., chair of the Eye Study and chief of the Clinical Trials Branch of the Division of Epidemiology and Clinical Applications at the NEI.

The study findings were published in the July 15, 2010, issue of *The New England Journal of Medicine*. More information about the ACCORD Eye Study can be found at www.nei.nih.gov/news/pressreleases/062910.

Combination of Ranibizumab and Laser Therapy Proves Effective in Treating Diabetic Macular Edema

Researchers have found that the drug ranibizumab (Lucentis), combined with the current standard treatment of laser therapy, is more effective than laser therapy alone in treating diabetic macular edema (DME), a major complication of diabetes that can result in vision loss. DME occurs when fluid from damaged blood vessels in the eye cause swelling of the macula, part of the retina. Ranibizumab blocks the leakage of fluid from the blood vessels. Results of this study were published in the June 2010 issue of *Ophthalmology*.

This study provides the first definitive proof that a combined treatment and follow-up strategy could halt and reverse diabetic eye disease. "This comparative-effectiveness study demonstrated that a new treatment can protect and, in many cases, improve the vision of people with diabetic macular edema," said Paul A. Sieving, M.D., Ph.D., director of the NEI.

The 2-year study focused on the effectiveness of three DME treatments: laser treatment alone; ranibizumab plus laser treatment; and the steroid

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diabetes control and cardiovascular disease risk factors in overweight or obese individuals with type 2 diabetes,” said Griffin P. Rodgers, M.D., M.A.C.P., director of the NIDDK.

Follow-up Will Determine Impact and Cost of Intervention

Follow-up of Look AHEAD participants will determine whether improvements in risk factors including blood pressure, lipids, and glucose control can be sustained and whether the intensive lifestyle intervention is effective in reducing the incidence of illness and death due to cardiovascular disease. These results will not be available for several years. Other important study objectives include understanding the impact of weight loss and improved fitness on diabetes complications, general health, quality of life, and psychological outcomes. Researchers also will evaluate the cost and cost-effectiveness of the intensive lifestyle intervention compared with diabetes support and education.

Find more information about the Look AHEAD trial (NCT00017953) at www.lookaheadtrial.org. For a list of centers enrolling patients for diabetes or obesity trials, search for keywords “diabetes” or “obesity” at www.ClinicalTrials.gov.

Visit www.diabetes.niddk.nih.gov for more information about diabetes, diet, and physical activity.

Look AHEAD’s Lifestyle Intervention Group Used Fewer Medications after 1 Year

Researchers reported in the June 2010 issue of *Diabetes Care* that 1 year after the implementation of the intensive lifestyle intervention,



Look AHEAD participants not only improved their CVD risk factors, but also reduced the number and monthly cost of prescribed medications they were taking. At the beginning of the trial, study participants were taking an average of 3.3 medications—costing an estimated \$155 each month—to manage blood glucose, blood pressure, and cholesterol levels. At 1 year, participants in the intensive lifestyle intervention group were taking an average of 3.1 medications at an estimated \$143 per month, in comparison with the diabetes support and education group’s average of 3.6 medications at an estimated \$173 per month. The cost difference was primarily due to reduced use of diabetes medications in the intervention group. The 4-year Look AHEAD study results showed continuing decreased medication use in the intervention group compared with the diabetes support and education group. ■

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drug triamcinolone (Trivaris) plus laser treatment. Specifically, the researchers found that ranibizumab combined with laser treatment improved vision significantly, compared with laser treatment alone.

The multicenter clinical trial was conducted by the NEI and the Diabetic Retinopathy Clinical Research Network (DRCR.net). DRCR.net researchers will continue to monitor the study participants for at least 3 years to gather more

data about the safety and effectiveness of the treatments.

For more information about this study, see www.nih.gov/researchmatters/may2010/05102010eye.htm or visit www.drcr.net.

The National Institute of Diabetes and Digestive and Kidney Diseases has easy-to-read booklets and fact sheets about diabetes and its complications, including diabetic eye disease. For more information or to obtain copies, visit www.diabetes.niddk.nih.gov. ■

Screening Adults for Diabetes and Pre-diabetes May Save Money



Results from a recent study indicate that screening all adults for diabetes or pre-diabetes, and treating those found to have diabetes or pre-diabetes for 3 years, would be cost neutral or provide net cost savings. Screening only those with known risk factors for type 2 diabetes would be less costly, and hence yield even more savings, but would miss some cases of disease until it has progressed to a more serious stage. The study results were published in the July 2010 issue of *Diabetes Care*.

Screening for diabetes and pre-diabetes allows the use of therapies that can help prevent or delay the disease and its complications. But determining whether screening can save money is complex. For example, the tests and treatments themselves cost money, and a person treated to prevent type 2 diabetes might not have developed the disease even without intervention. On the other hand, people with pre-diabetes who receive the lifestyle intervention tested in the landmark Diabetes Prevention Program clinical trial have lower health care costs overall.

The researchers studied a number of screening methods, taking into account cost, patient burden,

and accuracy of results. They found a variety of methods are cost effective. These results suggest that health care providers and payers should encourage diabetes and pre-diabetes testing for adults, particularly those with risk factors for diabetes, such as those who are older than 45, are overweight, or have a family history of the disease.

The National Institute of Diabetes and Digestive and Kidney Diseases has easy-to-read booklets and fact sheets about diabetes, including *Am I at Risk for Type 2 Diabetes? Taking Steps to Lower Your Risk of Getting Diabetes*. Visit www.diabetes.niddk.nih.gov/dm/pubs/riskfortype2 to read this booklet. ■

Critical Link Found between Insulin and Bone

Recent research findings published in the July 23, 2010, issue of *Cell* shed new light on the interactions between insulin, bone, and blood glucose, also called blood sugar. The findings could lead to a new approach to treating type 2 diabetes.

People with type 2 diabetes do not secrete enough insulin to control blood glucose, and their cells and tissues have a decreased capacity to respond to the hormone. A protein called osteocalcin, which stimulates bone-forming cells called osteoblasts and is secreted by them, has the important properties of stimulating insulin production and making the body's cells more sensitive to insulin. Osteocalcin is inactive when released by the osteoblasts but is activated by osteoclasts, a different cell type that breaks down old bone.

Research conducted in mice from two laboratories supported by the National Institutes of Health has shown that insulin also stimulates production of the active form of osteocalcin, which in turn has a beneficial impact on energy balance within the body. Thus, the research shows another important way that insulin regulates metabolism—through its effects on bone—and suggests that bone cells may be a useful therapeutic target for type 2 diabetes.

Visit www.diabetes.niddk.nih.gov for more information about diabetes. ■

NIH Pays Tribute to the First Woman Appointed Director of an NIH Institute, Ruth L. Kirschstein



"Ruth Kirschstein was a legendary scientist and administrator."

David Obey

U.S. Representative,
Chairman of the House
Appropriations Committee

Current and former National Institutes of Health (NIH) scientists and staff, as well as members of Congress, honored Ruth L. Kirschstein, M.D., the first woman appointed director of an NIH Institute, for the positive impact she made as a leader in the scientific community.

"Ruth embodied the spirit of NIH. She was an icon. She was loved and admired by so many at the NIH, across the medical research community, among hundreds of members of Congress, and around the world. There are few at the NIH who have not been touched by her warmth, wisdom, interest, and mentorship," said Francis S. Collins, M.D., Ph.D., director of the NIH.

Kirschstein, who passed away in 2009, was honored in 2010 with a tribute and symposium in her honor that featured four sessions with 11 featured speakers and ended with a reception. Scientists and researchers who received funds from the Ruth L. Kirschstein National Research Service Award presented the sessions. The awards have supported the work of thousands of researchers, and the quality of their research has elevated the program to the ranks of Fulbright Awards and Rhodes Scholarships.

As the first woman director of an NIH Institute—the National Institute of General Medical Sciences (NIGMS)—Kirschstein was known for mentoring young researchers, especially women and minorities. In 1993, Kirschstein became acting director of the NIH, and then served as the deputy director under NIH Director Harold Varmus for the next 6 years. She was acting director again from 2000 to 2002.

A Brooklyn native, Kirschstein wanted to be a doctor from a young age and fulfilled her dream

after graduating *magna cum laude* in 1947 from Long Island University. She then went to Tulane University School of Medicine, where she was one of 10 women in a class of 100 men.

She interned in medicine and surgery at Kings County Hospital in Brooklyn and completed residencies in pathology in Detroit, New Orleans, and the then new NIH Clinical Center. In 1957, Kirschstein joined the Federal Government, beginning a 15-year stint as an experimental pathologist at the NIH Division of Biologics Standards, now known as the U.S. Food and Drug Administration (FDA) Center for Biologics Evaluation and Research.

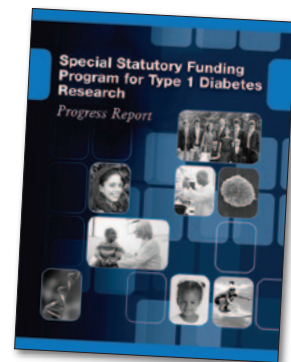
In her first major accomplishment as a scientist, Kirschstein led the development of a safety test for the polio vaccine in the 1950s and 1960s. Ultimately, her work led to widespread adoption of the Sabin oral vaccine, especially in developing countries. Kirschstein continued to develop tests for the safety of vaccines for other diseases, including measles.

In 1974, after 2 years with the FDA, Kirschstein was appointed director of the NIGMS, a post she held for nearly 20 years. One of her most significant accomplishments as NIGMS director was her dedication to funding HIV/AIDS research and helping to establish the Genbank nucleic acid sequence database, which has been a

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NIDDK Publishes Progress Report on the Special Statutory Funding Program for Type 1 Diabetes Research

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) has published a progress report that highlights major scientific advances and future research opportunities made possible by the Special Statutory Funding Program for Type 1 Diabetes Research.



The program was established by Congress to support research into the understanding, prevention, treatment, and cure of type 1 diabetes. The report also describes the collaborative, long-term research efforts that can provide unprecedented new insights into type 1 diabetes. For example, The Environmental Determinants of Diabetes in the Young (TEDDY) study is following more than 7,800 infants at high genetic risk for type 1 diabetes for 15 years to identify environmental triggers of the disease, which is critically important for developing prevention strategies.

The report is available at www2.niddk.nih.gov/AboutNIDDK/ReportsAndStrategicPlanning/T1DStatutoryFundingProgress2010.

Single printed copies of the report are free and can be ordered by mail, phone, or email by contacting the National Diabetes Information Clearinghouse at 1 Information Way, Bethesda, MD 20892-3560, 1-800-860-8747, ndic@info.niddk.nih.gov. Requests should specify the "T1D Progress Report" and include the recipient's name and mailing address with ZIP code, plus a phone number and email address to assist with delivery if needed. ■

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critical tool for biomedical research. She championed myriad programs in basic biomedical research and research training that have helped to transform biomedical research.

"Ruth Kirschstein was a legendary scientist and administrator . . . a pioneer . . . a champion for the advancement of women and minorities in biomedical research . . . a strong advocate for research training, especially interdisciplinary

predoctoral programs," said U.S. Representative David Obey, chairman of the House Appropriations Committee.

Kirschstein remained active at the NIH in her later years as a senior adviser; she was on a conference call with NIH Director Collins a week before her death. Kirschstein embodied the spirit of the NIH and was responsible for the career development of innumerable scientists and administrators. ■

Nurik Appointed Director of NIDDK Information Clearinghouses

Jody Nurik has been named director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Information Clearinghouses. She will oversee long- and short-range plans and operations for the NIDDK's three national health information Clearinghouses and manage the Clearinghouses' support contract. Nurik will also manage the update and production of more than 300 award-winning print and online publications and three national awareness campaigns—bladder control for women, celiac disease, and bowel incontinence.



"Jody is extremely detail-oriented and gifted in big-picture-planning too."

Kathy Kranzfelder

Director, Office of Communications and Public Liaison, NIDDK, NIH

The Clearinghouses disseminate science-based health information to the public, health professionals, and the media. In 2009, the Clearinghouses handled nearly 79,000 information requests, received 6 million visitors to the NIDDK health information website, and distributed more than 1 million publications.

In 2004, Nurik oversaw the transition and establishment of all NIDDK Clearinghouse support contract operations to Circle Solutions, Inc., where she served as project manager. "Jody is extremely detail-oriented and gifted in big-picture-planning too," noted Kathy Kranzfelder, director, Office of Communications and Public Liaison, NIDDK, National Institutes of Health, and former director of the Clearinghouses. "From inquiry response to materials development to inventory database management to exhibit staffing and scheduling to reporting—the Clearinghouses will definitely benefit from new perspective and deep experience from Jody."

Prior to joining the NIDDK, Nurik was director of product marketing at Resolution Health/WellPoint, Inc., where she developed and managed health communications for health care providers and the public. In this role, Nurik led plain language initiatives, outreach campaigns, and market research with physicians and consumers to improve content and design.

Nurik has also managed an information center for the Health Resources and Services Administration, also part of the U.S. Department of Health and Human Services, and has launched adult and pediatric diabetes disease management programs at one of the largest home health companies in the United States. Nurik began her career as a nurse, moving up to supervise urology units of a hospital affiliated with Baylor College of Medicine.

To learn more about the NIDDK Information Clearinghouses, visit www.niddk.nih.gov. ■

Administration Announces Regulations Requiring New Health Insurance Plans to Provide Free Preventive Care

The U.S. Departments of Health and Human Services (HHS), Labor, and the Treasury issued new regulations in July requiring new private health plans to cover evidence-based preventive services and eliminate cost-sharing requirements for such services. The new rules will help Americans gain easier access to services such as blood pressure, diabetes, and cholesterol tests; many cancer screenings; routine vaccinations; prenatal care; and regular wellness visits for infants and children.



"Getting access to early care and screenings will go a long way in preventing chronic illnesses like diabetes, heart disease, and high blood pressure."

Michelle Obama
First Lady

"Today, too many Americans do not get the high-quality preventive care they need to stay healthy, avoid or delay the onset of disease, lead productive lives, and reduce health care costs," said HHS Secretary Kathleen Sebelius. "From the Recovery Act to the First Lady's Let's Move Campaign to the Affordable Care Act, the Administration is laying the foundation to help transform the health care system from a system that focuses on treating the sick to a system that focuses on keeping every American healthy."

Chronic diseases, such as heart disease, cancer, and diabetes, are responsible for seven of 10 deaths among Americans each year and account for 75 percent of the nation's health spending—and often are preventable. Nationally, Americans use preventive services at about half the recommended rate. An estimated 11 million children and 59 million adults have private insurance that does not adequately cover immunization, for instance. Studies have shown that cost sharing, including deductibles, coinsurance, and copayments, reduces the likelihood that people will use preventive services.

"Getting access to early care and screenings will go a long way in preventing chronic illnesses like diabetes, heart disease, and high blood pressure," said First Lady Michelle Obama. "And good [preventive] care will also help tackle an issue that is particularly important to me as First Lady and as a mother—and that is the epidemic of childhood obesity in America today. These are important tools, and now it's up to us to use them."

"One of the best ways to improve the quality of your life—and control health care costs—is to prevent illness in the first place," said Second Lady Jill Biden. "Focusing on prevention and early treatment makes more sense than trying to play catch-up with a potentially deadly disease. Quite simply, these [preventive] services will save lives."

Under the recently issued regulations, new health plans beginning on or after September 23, 2010, must cover preventive services that have strong scientific evidence of their health benefits, and these plans may no longer charge a patient a

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HHS Launches Healthy People 2020

The U.S. Department of Health and Human Services (HHS) officially launched Healthy People 2020 on December 2, 2010, at the George Washington University in Washington, D.C. The event marked the formal release of the decade's national health promotion and disease prevention objectives.



“[Healthy People 2020] should no longer be known primarily as a print-based reference book to be kept on the shelf for a decade. It should also be a Web-accessible database that is searchable, multilevel, and interactive.”

Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020

Each decade since 1980, the HHS has released a comprehensive set of national public health objectives. Known as Healthy People, the initiative has been grounded in the notion that setting objectives and providing benchmarks to track and monitor progress can motivate, guide, and focus action.

The HHS convened the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 to aid in the process of developing the next decade's guidelines. The Advisory Committee was charged with providing advice and consultation to the Secretary: 1) to facilitate the development and implementation of national health promotion and disease prevention goals and objectives, and 2) to inform the development of initiatives that will occur during initial implementation of the goals and objectives.

Healthy People 2020 should assist federal agencies in setting priorities and in providing funding and support to organizations and institutions that are able to help achieve the objectives. The Advisory Committee stated that Healthy People 2020 “should no longer be known primarily as a print-based reference book to be kept on the shelf for a decade. It should also be a Web-accessible database that is searchable, multilevel, and interactive.”

Healthy People 2020's overarching goals include eliminating preventable disease, disability, injury, and premature death; achieving health equity,

eliminating disparities, and improving the health of all groups; creating social and physical environments that promote good health for all; and promoting healthy development and behaviors across every stage of life.

Members of the public health community—especially federal, state, and local health agencies—have traditionally been viewed as the primary audiences for Healthy People. The Advisory Committee proposes that Healthy People 2020 be designed for use by a wider range of groups in both the public and private sectors. Tailored messages and products are needed to make Healthy People useful for this expanded audience-base, which should include the general public, voluntary organizations, faith-based organizations, businesses, health care providers, decision-makers, researchers, community-based organizations, grass-roots advocates, and others whose actions have significant health consequences.

The December 2 launch program included remarks by HHS Assistant Secretary for Health Howard K. Koh, M.D., and members of the Advisory Committee; an introduction and orientation to the Healthy People 2020 website and objectives; and a panel discussion about the uses of Healthy People 2020.

For more information about the Healthy People 2020 initiative, please visit www.healthypeople.gov/HP2020. ■

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copayment, coinsurance, or deductible for these services when they are delivered by a network provider. Specifically, these recommendations include the following:

- **Evidence-based preventive services.** The U.S. Preventive Services Task Force, an independent panel of scientific experts, rates preventive services based on the strength of the scientific evidence documenting their benefits. Preventive services with a “grade” of A or B—such as tobacco cessation counseling and screenings for breast and colon cancer, vitamin deficiencies during pregnancy, diabetes, high cholesterol, and high blood pressure—will be covered under these rules.
- **Routine vaccines.** Health plans will cover a set of standard vaccines recommended by the Advisory Committee on Immunization Practices. Such vaccines range from routine childhood immunizations to periodic tetanus shots for adults.
- **Preventive care for children.** Health plans will cover preventive care for children recommended under the *Bright Futures* guidelines, developed by the Health Resources and

Services Administration with the American Academy of Pediatrics. These guidelines provide pediatricians and other health care professionals with recommendations on the services they should provide to children from birth to age 21 to keep them healthy and improve their chances of becoming healthy adults. The types of services that will be covered include regular pediatrician visits, vision and hearing screenings, developmental assessments, immunizations, and screening and counseling to address obesity and help children maintain a healthy weight.

- **Preventive care for women.** Health plans will cover preventive care provided to women under both the Task Force recommendations and new guidelines being developed by an independent group of experts, including doctors, nurses, and scientists, which are expected to be issued by August 1, 2011.

More information about the Affordable Care Act’s new rules on preventive care can be found at www.healthcare.gov/law/about/provisions/services/index.html.

The regulations can be found at www.healthcare.gov/center/regulations/prevention/regs.html. ■

NDEP Urges Women with a History of Gestational Diabetes to Take Action to Prevent Diabetes

The National Diabetes Education Program (NDEP), a joint program of the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention, has partnered with the NIH Office of Research on Women's Health to expand and enhance a gestational diabetes awareness initiative called "It's Never Too Early to Prevent Diabetes: A Lifetime of Small Steps for a Healthy Family." The initiative aims to help women with a history of gestational diabetes and their families learn about the future health risks associated with gestational diabetes and take steps to reduce risks.



The primary goals of this campaign are to

- decrease the incidence of diabetes among women with a history of gestational diabetes
- increase awareness of the future risks for obesity and type 2 diabetes among children born from pregnancies affected by gestational diabetes
- expand outreach to health care professionals who are counseling women about future health risks and the importance of adopting and maintaining healthy behaviors in families affected by gestational diabetes

Gestational diabetes is a type of diabetes that occurs during pregnancy and affects about 7 percent of all U.S. pregnancies—about 200,000 pregnancies each year. Women with a history of gestational diabetes have a 40 to 60 percent chance of developing diabetes in the 5 to 10 years after delivery. Additionally, children born to mothers who had gestational diabetes are also

at increased risk for obesity and type 2 diabetes as they grow up. Women who have had gestational diabetes should be tested for diabetes 6 to 12 weeks after their baby is born and at least every 3 years after that.

NDEP materials include information to help women with a history of gestational diabetes—and their whole family—take steps to lower their risk for developing diabetes. Visit www.ndep.nih.gov/am-i-at-risk/gdm or see the tip sheet titled *It's Never Too Early to Prevent Diabetes: A Lifetime of Small Steps for a Healthy Family* at www.ndep.nih.gov/publications/PublicationDetail.aspx?PubId=93. The tip sheet is also available in Spanish. In addition, the NDEP has free posters, articles, and other resources about preventing type 2 diabetes and managing diabetes to prevent complications. Visit www.YourDiabetesInfo.org or call 1-888-693-NDEP (1-888-693-6337) for more information. ■



New Interactive Tools

New to the Interactive Health Education Tools section of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) website are

Podcasts

- Managing the ABCs of Diabetes in Older Adults
- Gestational Diabetes

The NIDDK interactive tools section brings together tools and resources about diabetes from the National Institutes of Health and the National Library of Medicine. To access these resources, visit www.diabetes.niddk.nih.gov/resources/HealthTools.

Updated Publication

The National Diabetes Information Clearinghouse has updated the following publication:

- *What I need to know about Diabetes Medicines*

This publication is available at www.diabetes.niddk.nih.gov/dm/pubs/medicines_ez. ■



Upcoming Meetings, Workshops, and Conferences

The National Institute of Diabetes and Digestive and Kidney Diseases Information Clearinghouses will exhibit at the following upcoming events:

National Association of Pediatric Nurse Practitioners 32nd Annual Conference on Pediatric Health Care

March 23–26 in Baltimore.

For more information, visit www.napnap.org/Events/AnnualConference.aspx.

American Nephrology Nurses' Association 42nd National Symposium

March 27–30 in Boston.

For more information, visit www.annanurse.org.

American College of Physicians Internal Medicine 2011

April 7–9 in San Diego.

For more information, visit www.acponline.org/meetings/internal_medicine/2011.

CDC Diabetes Translation Conference 2011

April 11–14 in Minneapolis.

For more information, visit www.cdcdiabetes2011.com.

American Association of Clinical Endocrinologists 20th Annual Meeting and Clinical Congress

April 13–17 in San Diego.

For more information, visit www.aace.com/meetings/ams/2011.

National Kidney Foundation 2011 Spring Clinical Meetings

April 26–30 in Las Vegas.

For more information, visit www.kidney.org/news/meetings/clinical. ■